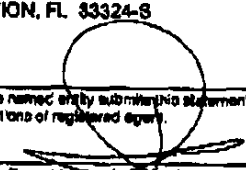


FILED
Jan 17, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000010008 1. Entity Name MAKES AND MODELS MAGAZINE, INC.																																			
Principal Place of Business 16102 N FLORIDA AVE LUTZ, FL 33549 US		Mailing Address 16102 N FLORIDA AVE LUTZ, FL 33549 US																																	
DO NOT WRITE IN THIS SPACE																																			
4. FEI Number 30-0222701		Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324-5																																			
8. The above named entity submitting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Peter F. Souza Assistant Secretary SIGNATURE: 		DO NOT WRITE IN THIS SPACE																																	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 may be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>BALLINGER, SAMUEL W</td> </tr> <tr> <td>STREET ADDRESS</td> <td>15834 NOTTING HILL DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LUTZ, FL 33549</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				TITLE	P	NAME	BALLINGER, SAMUEL W	STREET ADDRESS	15834 NOTTING HILL DRIVE	CITY-ST-ZIP	LUTZ, FL 33549	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 																																			

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 01/18/07-80035-020 158.75

**DO NOT WRITE
 IN THIS SPACE**

1/16/06 813-963-3920